Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis

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PES Overview

- Psychiatric Emergency Services (PES) provide short-term crisis care (under 24 hours) designed to achieve one of three outcomes:
  - resolve presenting mental health crisis;
  - stabilize and refer for outpatient follow-up; or
  - admit to acute inpatient psychiatric care.
- The PES census in Los Angeles County (County) frequently exceeds capacity. This is due to both the overall high volume of individuals who come to the PES for evaluation and management as well as the challenges the County faces in efficiently maximizing the flow of clients between higher levels of care and community-based mental health services and supports.

DHS and DMH PES Decompression Collaboration

- The initial PES Relief Plan was jointly developed by DHS and DMH and approved by the Board of Supervisors in November 2004 to address the increased demand on the County hospital PES and inpatient units. In April 2005, the Board approved an Urgent Community Services Program (UCSP) at Olive View Medical Center. In July 2005, the Board approved the Additional PES Relief Plan to provide additional measures to alleviate overcrowding of the PES. These included funding to purchase additional Institutions for Mental Disease (IMD) beds, acute inpatient beds in the community and crisis residential beds.

- In April 2006, the Board approved implementation of the Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan developed by DMH in conjunction with an extensive stakeholder planning process. The CSS Plan included Alternative Crisis Services that expanded measures to address persons in psychiatric crisis, including providing a permanent funding base for several of the components of the PES Relief Plans that were originally funded with one-time County funding.

Collaboration (Continued)

- In December 2006 DMH purchased additional community inpatient beds, implemented the Westside Urgent Care Center (UCC) and expanded hours of operation at Olive View UCSP.
- In August 2007 DMH implemented a 70 bed forensic IMD program at Olive Vista Center for homeless mentally ill individuals.
- In April 2010 DMH implemented the Exodus Recovery UCC across from LAC+USC Medical Center and continued to develop specialized enriched residential programs.
- In December 2011, DHS and DMH put forward recommendations to further address the PES decompression that included strategies to improve existing processes and address operational efficiencies; maximize use of existing resources; and enhance system capacity in lower levels of care, i.e. UCC and residential programs.

Collaboration (Continued)

- On June 8, 2012 the DHS-DMH PES Decompression Plan, described above, was approved by the Board for the Fiscal Year 2012-13 budget. This included using a portion of the MHSA Prudent Reserve over a two-year period beginning FY 2012-13 for MHSA fundable components. Several components such as inpatient beds, IMD beds and some positions were not eligible for MHSA funding.

County Strategic Priority

Reduce overcrowding of PES and private hospital Emergency Departments (EDs) by children and adults in psychiatric crisis.

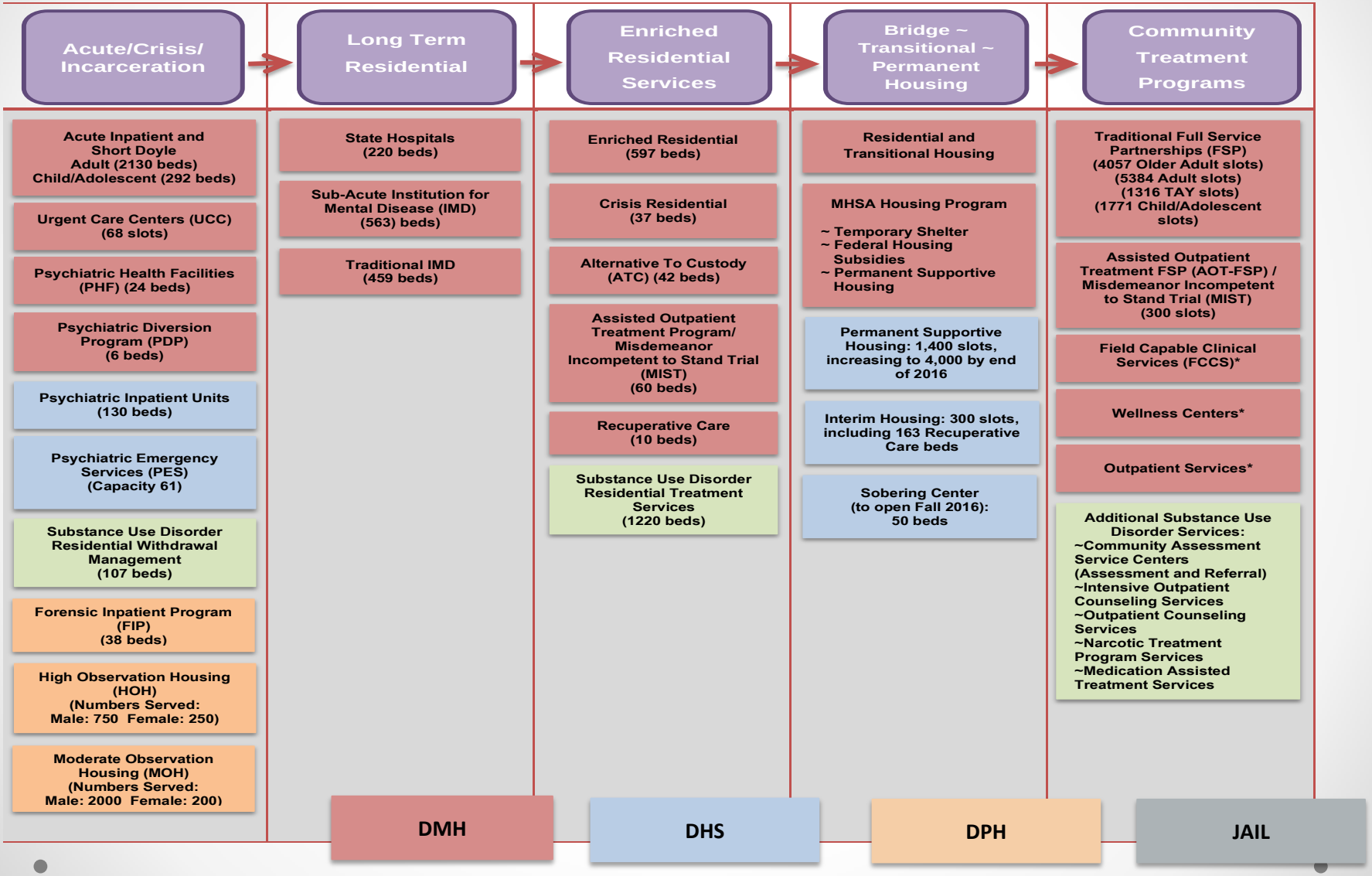
Strategic Priority Goals

- Goal 1: Increase alternatives to PES and private EDs across all regions of County by establishing psychiatric recuperative care and additional crisis stabilization capacity, expanding access to structured outpatient services accessible to those at/before a time of crisis, and fully implementing the Alcohol and Drug Medicaid benefit.
- Goal 2: Improve the utilization of inpatient services by ensuring that individuals who can be managed in less restrictive settings are dispositioned appropriately and that those who are admitted to inpatient units are discharged as soon as clinically appropriate.
- Goal 3: Maximize federal funds available for the purchase of services or placements to support care to individuals in or recently in crisis.
- Goal 4: Assess and redesign existing processes to improve audits of IMD utilization in order to reduce length of stay and thus reduce wait times for IMD placement for those in public and private inpatient psychiatric units.
  Goal 5: Ensure law enforcement and community-based mental health assessment teams are adequately trained on the wide array of outpatient services, programmatic (e.g., case management) and placement options available to individuals in psychiatric crisis.
- Goal 6: Evaluate options to increase the stock of private psychiatric inpatient beds (e.g., increasing rates, developing mechanisms to take advantage of changes in the IMD exclusion).

Outcome Metrics

- Decrease the number of days that County PES is above capacity by 5%.
- Decrease total administrative days (i.e. days in which the patient did not require an acute psychiatric hospital level of care) in County inpatient psychiatric units by 15%.
- Increase the ratio of urgent care visits to PES visits by 10%.

Overview of Resources Available for PES Decompression as of March 2016



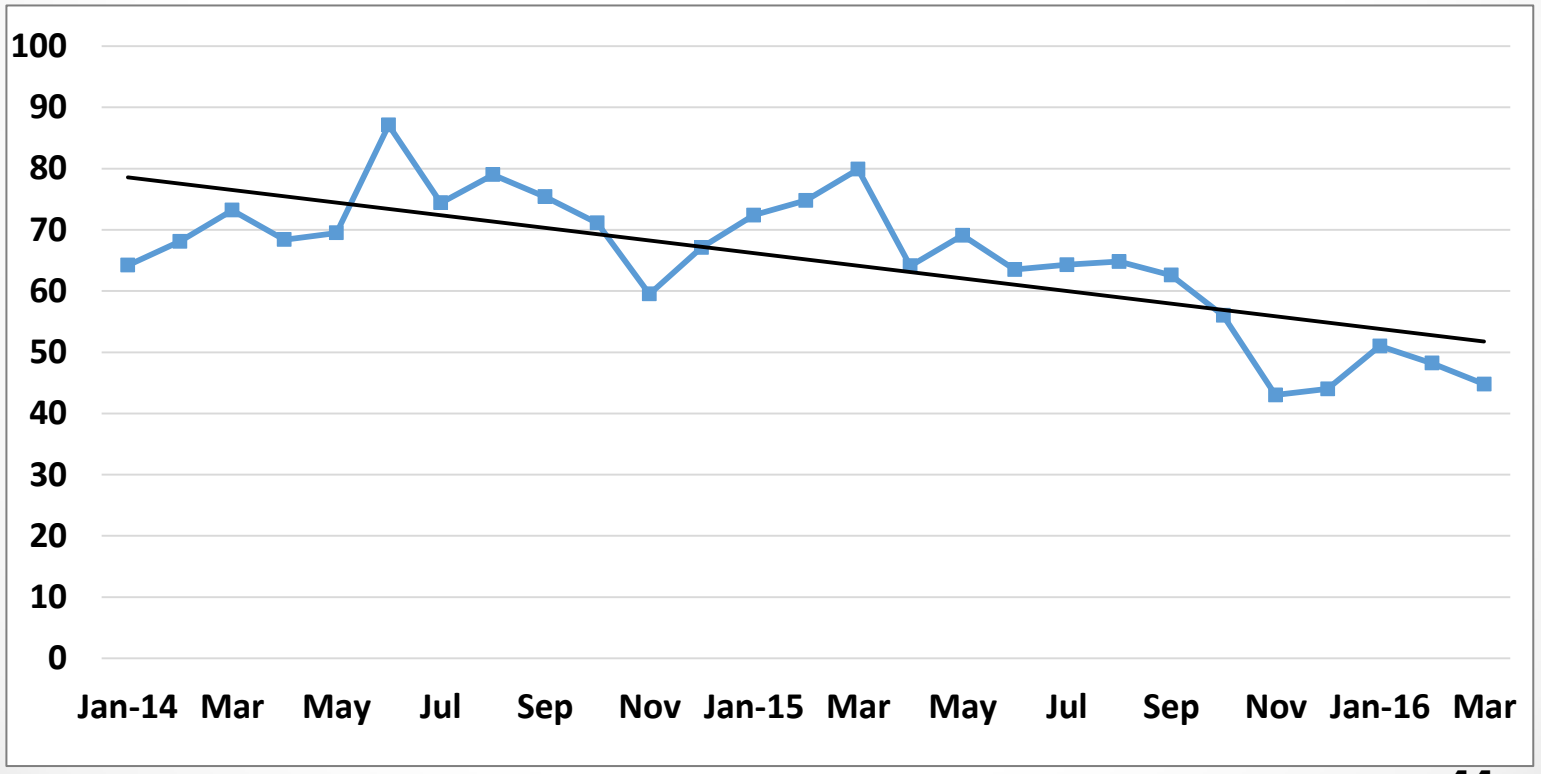
Recent Decompression Strategies

In addition to the previous PES Relief Plans approved by the Board, other resources have been added as additional funding is identified and Board authorization obtained:

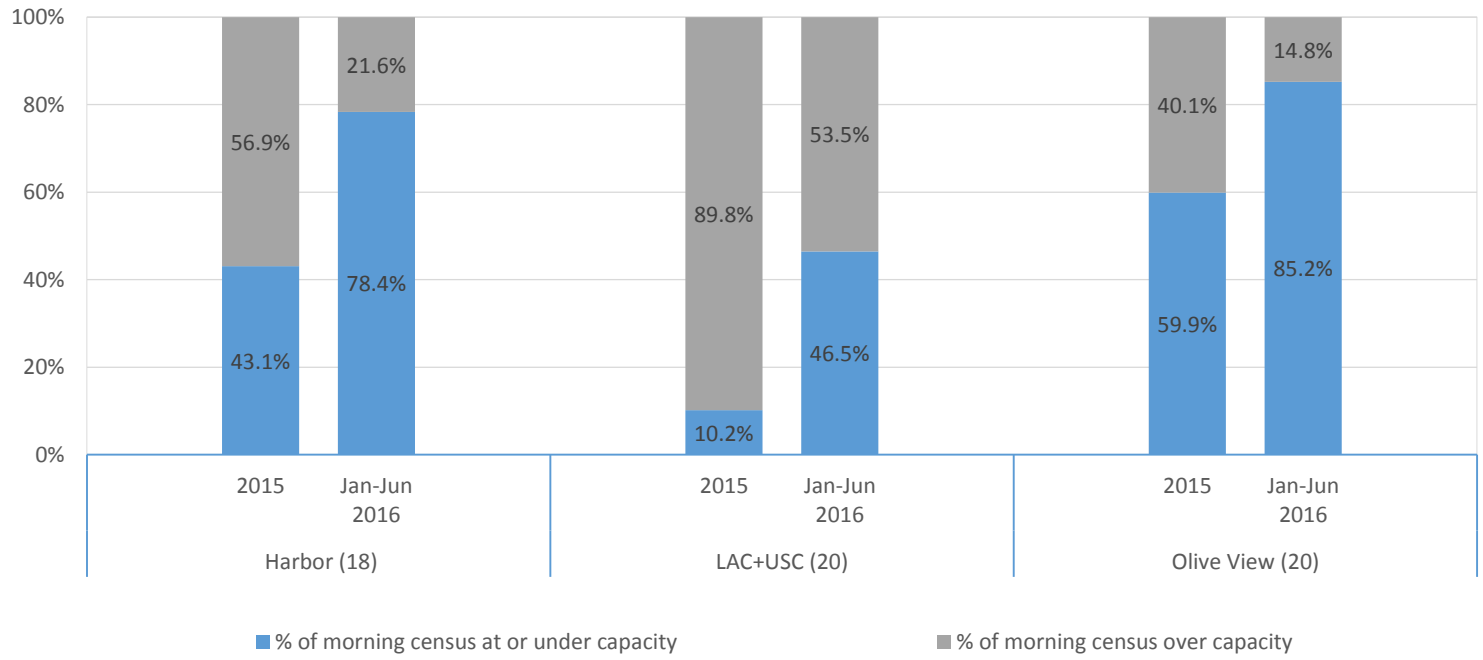
- Opened Martin Luther King (MLK) Jr. Exodus Foundation Psychiatric Urgent Care Center on the campus of MLK - September 2014;
- Eastside, Westside and MLK UCCs began to admit individuals from Los Angeles Police Department on involuntary holds in lieu of PES - 2015;
- Obtained Lanterman-Petris-Short (LPS) designation for a crisis stabilization unit at the Olive View USCP to admit individuals on involuntary holds and expanded hours of operation to 24/7-October 2015;
- Completed a competitive solicitation process for development of four additional UCCs in the Antelope Valley, San Gabriel Valley, Long Beach, and Harbor-UCLA; and
- A competitive solicitation is in process to expand crisis residential beds up to 560 beds at any given time.

Overcrowding of Psychiatric Emergency Departments

DHS Psychiatric Emergency Department Morning Census
January 2014 through March 2016)



PES Morning Census Over/Under Capacity



Psychiatric Urgent Care Centers Decrease Overcrowding of Emergency Departments

Urgent Care Centers	Number of Client Visits		
	Dec. 2015	Jan. 2016	Feb. 2016
DMH Olive View UCC	745	609	767
Exodus Eastside UCC	1,263	1,168	1,289
Exodus MLK UCC	886	810	819
Exodus Westside UCC	145	372	326
Telecare MHUCC	172	172	155
Total Number of Visits	3,211	3,131	3,356

The number of unique clients seen across all UCCs over the three month period is 6,979

Next Steps/Additional Opportunities

- Assess current and anticipated future financial allocations from DHS, DMH, and DPH toward individuals in psychiatric crisis, especially those on involuntary holds, so that resources can be maximally aligned toward services and placements most capable of responding to the needs of the target population.
- Assess and align, where possible, DHS, DMH, and DPH clinical, programmatic, and housing services to create innovative placements for individuals who could be diverted from EDs or inpatient units.
- Expand LPS-designated UCCs in Antelope Valley, Long Beach, San Gabriel Valley, and Harbor-UCLA Medical Center.
- Assess utilization of inpatient psychiatric units and IMDs to identify opportunities to improve flow.